

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 12 / 2014</div> </div>		

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 10 / 2014</div> </div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">199.73</div>		
City Washington	State DC	Zip Code 20001	Transaction ID : D548302 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 10 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">52800.08</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 10 / 2014</div> </div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1965.37</div>		
City Washington	State DC	Zip Code 20001	Transaction ID : D548304 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 10 / 2014</div> </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001			
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">184157.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">2165.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____

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10 / 30 / 2014

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(Schedule E)PAGE 2 OF 15
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 100 Indiana Avenue, N.W.		Amount 199.73	
City Washington	State DC	Zip Code 20001	Transaction ID : D548305
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 52800.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AKPD Message & Media LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2014	
Mailing Address 730 North Franklin Street, #404		Amount 50000.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : D547914
Purpose of Expenditure Radio Ad	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate DAN SULLIVAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 184157.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50199.73
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 10 / 12 / 2014 </div>	

Full Name of Payee AKPD Message & Media LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> M M / D D / Y Y Y Y Y Y 10 / 15 / 2014 </div>	
Mailing Address 730 North Franklin Street, #404		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50000.00 </div>	
City Chicago	State IL	Zip Code 60654	Transaction ID : D547915 Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>
Purpose of Expenditure Radio Ad	Category/ Type 004	Name of Federal Candidate MARK BEGICH	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 184157.95 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AKPD Message & Media LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> M M / D D / Y Y Y Y Y Y 10 / 15 / 2014 </div>	
Mailing Address 730 North Franklin Street, #404		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25000.00 </div>	
City Chicago	State IL	Zip Code 60654	Transaction ID : D547916 Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>
Purpose of Expenditure Radio Ad	Category/ Type 004	Name of Federal Candidate DAN SULLIVAN	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 184157.95 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75000.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 75000.00 </div>

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee AKPD Message & Media LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2014	
Mailing Address 730 North Franklin Street, #404		Amount 25000.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : D547917
Purpose of Expenditure Radio Ad	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		184157.95	

Full Name of Payee AKPD Message & Media LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 730 North Franklin Street, #404		Amount 1011.04	
City Chicago	State IL	Zip Code 60654	Transaction ID : D558285
Purpose of Expenditure Radio Ad Expenses	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate DAN SULLIVAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		184157.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26011.04
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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(Schedule E)PAGE 5 OF 15
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 10 / 12 / 2014	

Full Name of Payee AKPD Message & Media LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 730 North Franklin Street, #404		Amount 1011.04	
City Chicago	State IL	Zip Code 60654	Transaction ID : D558286
Purpose of Expenditure Radio Ad Expenses	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		184157.95	

Full Name of Payee Voices of the Amer. Federation of Gov't Employees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2014	
Mailing Address 80 F Street, NW		Amount 352.48	
City Washington	State DC	Zip Code 20001	Transaction ID : D548308
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		184157.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1363.52
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 8.17	
City Washington	State DC	Zip Code 20006	Transaction ID : D548315
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 80867.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 8.17	
City Washington	State DC	Zip Code 20006	Transaction ID : D548321
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 80867.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.34
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 7.16	
City Washington	State DC	Zip Code 20006	Transaction ID : D548323
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 52800.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 30.43	
City Washington	State DC	Zip Code 20006	Transaction ID : D548327
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 184157.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.59
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 7.16	
City Washington	State DC	Zip Code 20006	Transaction ID : D548328
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 52800.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 8.42	
City Washington	State DC	Zip Code 20006	Transaction ID : D548329
Purpose of Expenditure Walk Packets	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 31586.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.58
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>12</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M	M	10			D	D	D	12			Y	Y	Y	Y	Y	Y	2014					
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Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	M	10			D	D	D	10			Y	Y	Y	Y	Y	Y	2014					
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Mailing Address 555 New Jersey Ave. N.W.		Amount <table border="1" style="width:100%"><tr><td>140.00</td></tr></table>		140.00																							
140.00																											
City Washington	State DC	Zip Code 20001	Transaction ID : D548335																								
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	M	10			D	D	D	10			Y	Y	Y	Y	Y	Y	2014					
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10																											
Y	Y	Y	Y	Y	Y																						
2014																											
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AK																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"><tr><td>184157.95</td></tr></table>		184157.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																								
184157.95																											

Full Name of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	M	10			D	D	D	10			Y	Y	Y	Y	Y	Y	2014					
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10																											
Y	Y	Y	Y	Y	Y																						
2014																											
Mailing Address 501 3RD STREET, NW		Amount <table border="1" style="width:100%"><tr><td>225.25</td></tr></table>		225.25																							
225.25																											
City Washington	State DC	Zip Code 20001	Transaction ID : D548337																								
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td>M</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td>D</td></tr><tr><td>10</td><td></td><td></td></tr></table> / <table border="1" style="display:inline-table;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2014</td><td></td><td></td><td></td><td></td><td></td></tr></table>		M	M	M	10			D	D	D	10			Y	Y	Y	Y	Y	Y	2014					
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2014																											
Name of Federal Candidate MARK BEGICH		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AK																									
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="width:100%"><tr><td>184157.95</td></tr></table>		184157.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶																								
184157.95																											

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td>365.25</td></tr></table>	365.25
365.25		
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"><tr><td></td></tr></table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Y	Y	Y	Y	Y	Y
2014					

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 10 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 1775 K Street, NW		Amount 78.68	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D548338
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 80867.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 1775 K Street, NW		Amount 100.38	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D548341
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 52800.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	179.06
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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10 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 1775 K Street, NW		Amount 100.38	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D548346
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 52800.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 1775 K Street, NW		Amount 78.68	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D548347
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 80867.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	179.06
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 12 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 12 / 2014 </div>	

Full Name of Payee AFT Michigan General Fund			Date of Public Distribution/Dissemination		
Mailing Address 2342 Industrial St.			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>		
City Grayling	State MI	Zip Code 49738	Amount		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35.98 </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Transaction ID : D548356 Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>		
Name of Federal Candidate TERRI LYNN LAND			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80867.95 </div>					

Full Name of Payee AFT Michigan General Fund			Date of Public Distribution/Dissemination		
Mailing Address 2342 Industrial St.			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>		
City Grayling	State MI	Zip Code 49738	Amount		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 35.98 </div>		
Purpose of Expenditure InKind Staff		Category/ Type 001	Transaction ID : D548357 Date of Disbursement or Obligation		
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 10 / 2014 </div>		
Name of Federal Candidate GARY PETERS			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80867.95 </div>					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 71.96 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 71.96 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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 10 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 13 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee Retail, Wholesale and Dept. Store Union Int'l Treasury Account		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 30 E29th St.		Amount 32.16	
City New York	State NY	Zip Code 10016	Transaction ID : D548362
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 80867.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Retail, Wholesale and Dept. Store Union Int'l Treasury Account		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 30 E29th St.		Amount 32.16	
City New York	State NY	Zip Code 10016	Transaction ID : D548363
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate GARY PETERS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 80867.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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10 / 30 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 14 OF 15
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2014	

Full Name of Payee Rocky Mountain Voter Outreach, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 899 Logan Street, Suite 300		Amount 646.40	
City Denver	State CO	Zip Code 80203	Transaction ID : D548364
Purpose of Expenditure Canvassers	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate MARK E UDALL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		31586.82	

Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Mailing Address 8770 Bryn Mawr Ave, #1212		Amount 33.29	
City Chicago	State IL	Zip Code 60631	Transaction ID : D548371
Purpose of Expenditure InKind Staff	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		80867.95	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	679.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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10 / 30 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 15 OF 15
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 12 / 2014</div> </div>	

Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury			Date of Public Distribution/Dissemination	
Mailing Address 8770 Bryn Mawr Ave, #1212			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 10 / 2014</div> </div>	
City Chicago	State IL	Zip Code 60631	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">33.29</div>	
Purpose of Expenditure InKind Staff		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Transaction ID : D548372 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 10 / 10 / 2014</div> </div>	
Name of Federal Candidate GARY PETERS			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">80867.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Date of Public Distribution/Dissemination	
Mailing Address			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
City	State	Zip Code	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">33.29</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">156381.53</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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Date

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10 / 30 / 2014

Signature